



Improving lives THROUGH
supports and services
THAT FOSTER self-determination.

www.dmh.mo.gov/dd

MISSOURI DEPARTMENT OF MENTAL HEALTH

COMMUNITY LIVING AND CHOICE HOUSING ISP QUESTIONS

Individual Receiving Services: _____

Date: _____

The following questions are designed to assist the planning team in determining the needs and preferences of the individual are being met and to ensure compliance with the Home and Community Based Support Rule (HCBS). The HCBS rule was created to ensure people get the services they need in truly integrated settings. The new rule sets forth standards for the settings where people receive home and community-based services, including standards for privacy, choice, integration, and access to jobs in the community.

	Yes/NO or NA	Details regarding the type of support needed or desired outcome:
Did you choose to live in this home?		
Are you happy living in this home and want to continue to live here?		
Did you choose your current housemates?		
Do you enjoy living with your housemates and do you get along with them?		
Do you share your bedroom with someone? If so did you choose to share your room with him or her?		
Is there anyone you would prefer to live with in the future? If so who?		
Is there anywhere else you would prefer to live in the future? If so where?		
Do you have space for privacy?		
Do you feel that you have control within your home?		
Can move around freely in your home?		
If you don't live in your own home or a home with family: Do you have a lease or written residency agreement? Does the lease or written agreement include language that provides protections to address eviction processes?		
If you don't live in your own home or a home with family: Do you know your rights and responsibilities regarding housing and when you could be required to relocate? Do you know how to relocate and request new housing? Do you know how much you pay for your rent, and utilities? Do you know about resources which can help pay for part of a person's rent or help with utilities?		
Do you need basic furnishings such as furniture and household items? Did you choose how to decorate your home?		

Are there any home modifications needed that would enhance your quality of life or your ability to be independent?		
Do you need help making choices about your housing?		
Does anyone help you take care of your home? Who? What? Paid? Unpaid?		
Is it easy for you to get to work from your home?		
Are there are fun places you like to go close to your home?		
Is your home located among other private homes and businesses so it is easier for you to do things in your community?		
Do you have friends who live in your neighborhood/close by?		
Are you part of making your community better?		
Do you decide who can and cannot come into your home?		
Do you decide what activities you do in your home, and your daily schedule?		
Do you need help cleaning your home? If yes, what type of cleaning help do you need? Are you independent or do you need assistance in these homemaking activities? <input type="checkbox"/> Preparing Meals and Snacks <input type="checkbox"/> Preparing a shopping list <input type="checkbox"/> Use of Stove/Microwave <input type="checkbox"/> Use of a coffee maker/toaster/sm. appliances <input type="checkbox"/> Laundry <input type="checkbox"/> Making home repairs		
Are you able to be on your own without risk of serious harm or injury to yourself?		
Are you able to access community resources to function successfully and safely in community settings (post office, transportation, bank, grocery store, emergency services, church, etc.?)		

7/27/15